

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005064

STATE FILE NUMBER

AMENDED

Registration District No. 324

Primary Registration District No. 4475

Registrar's No. 6

FILED JAN 16 1962

1. PLACE OF DEATH a. COUNTY <i>Saline County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Matita Bend</i>		c. CITY OR TOWN <i>Matita Bend</i>	
Length of stay in 1b <i>10 years.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Limits</i>		d. STREET ADDRESS (If outside, give location) <i>City Limits</i>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Jesse E. Fette</i>		4. DATE OF DEATH Month Day Year <i>Jan. 8 1962</i>	
5. SEX <i>m</i>	COLOR OR RACE <i>7.</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/23/1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Post Master</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>71</i>
11. BIRTHPLACE (City and state or country) <i>Avilla, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Edward C Fette</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Scholle</i>	
14. NAME OF HUSBAND OR WIFE <i>Edith Washburn Fette</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Gilbert Schaeffer, Matita Bend, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis heart disease.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased on _____ and last saw her/him alive on _____. Death occurred at <i>1:30 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. L. Lawrence M.D. Coroner Saline Co.</i>	(Degree or title)	22b. ADDRESS <i>Marshall Mo</i>	22c. DATE SIGNED <i>1-8-1962</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 10, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Blackburn</i>	23d. LOCATION (City, town, or county) <i>Blackburn Mo.</i>
24. FUNERAL DIRECTOR <i>Bremer-Meyer Pflueg</i>	ADDRESS <i>Higginsville Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>1-10-62</i>	26. REGISTRAR'S SIGNATURE <i>Cecil G. Read</i>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H. Gick

Licensed Embalmer No.

4284

P. O. Address

Highway 11, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.